ATTN: AGENT LICENSING IDAHO DEPARTMENT OF INSURANCE 700 W STATE STREET 3RD FLOOR PO BOX 83720 BOISE ID 83720-0043

CERT REQUEST 01

RE: Letter(s) of Certification request for non-resident states

Some states require Letter of Certification when a license is applied for or renewed. Use this form for your request. There is *no fee charged* for this service as of 7/01/01.

Agent/Agency FULL Name	Idaho <i>LICENSE</i> #	LIST STATE(S)
Please enclose a self-addressed, postage paid return envelope for speedy return of your		
certification.		, , , , , , , , , , , , , , , , , , ,
Requested by:	Tele #	
Address:	E-Mail	